

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90056 011 ***150.00

20014040



02122005 Chg-P CR2E034 (10/03)

4. FEI Number **20-1983447** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAUER, KIRK T
223 S WOODLAWN BLVD
DELAND, FL 32721

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE DPT
NAME ROCKHOLD, EDWARD ☐ Delete
STREET ADDRESS 1500 E TAYLOR RD
CITY - ST - ZIP DELAND, FL 32724

TITLE DVS
NAME WILKINS, ROBERT ☐ Delete
STREET ADDRESS 1529 HAZEN ROAD
CITY - ST - ZIP DELAND, FL 32720

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert W. Wilkins **ROBERT WILKINS** 2-14-05 386-775-0877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #